2949324308211 OMB No 1545-0047

Postmark Missing

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| Α | For th | e 2018 cale | ndar year, or tax year beginnir | ng | , 2018, | and endi | ng | | , 20 | | | |
|--------------------------------|--|------------------|--|----------------------------|--------------------|-----------------|------------------------|---------------------|---|-----------------|--|--|
| В | -Check | of applicable | C Name of organization Volosov F | Family Foundation, In | c | | | D Employ | er identification | number | | |
| | | s change | Doing business as | | | | | 47-4050 | 322 | | | |
| $\overline{\Box}$ | Name o | • | Number and street (or P O box if | mail is not delivered to s | street address) | Room/su | uite | E Telepho | ne number | | | |
| \exists | Initial re | • | 101 West Mount Royal Avenue | | • | | | 410-727 | | | | |
| \Box | | | City or town, state or province, co | | nostal code | | | 410-727 | 110 721 1020 | | | |
| | | um/terminated | Baltimore, MD 21201 | rankly, and En or foreign | , posta, oceo | | | | | 0.104.605 | | |
| | | ed return | | | | | | | G Gross receipts \$ 2,191,69 up return for subordinates? Yes X No | | | |
| ш | Applica | ition pending | F Name and address of principal off | icer | | | | | | | | |
| | | | | | | $-\sqrt{2}$ | | | es included? TY | | | |
| <u></u> | T _{ax-exe} | empt status | ∑ 501(c)(3) ☐ 501(c |) () | 4947(a)(1) or | LJ 5(27) |) "" | No," attach | a list (see instruct | ions) | | |
| <u>J</u> | Websit | | | <u> </u> | | | H(c) Grou | p exemption | number > | | | |
| K | | | X Corporation Trust Assoc | ciation ☐ Other ► | L Ye | ar of forma | tion 2015 | M State | of legal domicile | MD | | |
| P | art I | Summ | ary | | <u> </u> | _ | | | | | | |
| | 1 | Briefly de | escribe the organization's mis | ssion or most signif | icant activities | The Fo | oundation wa | s created to | carry out the | | | |
| မွ | | charitable. | educational and religious purpos | es of The Associated | Iewish Commun | | | | |) | | |
| ă | chantable, educational and religious purposes of The Associated Jewish Community Federation of Baltimore, Inc. (The Associated) The Foundation makes grants to public chantable organizations in furtherance of the mission of The Associated | | | | | | | | | | | |
| eru | 2 | | | its net assets | · | | | | | | | |
| Governance | 3 | | of voting members of the gov | | • | | | 3 | | 5 | | |
| | 4 | | of independent voting memb | | | line 1h) | | 4 | | | | |
| Activities & | 5 | | nber of individuals employed | _ | - | | | 5 | | | | |
| ž | 6 | | nber of volunteers (estimate i | • | oro (r art v, mrc | . Za) | | 6 | | | | |
| ç | | | | • . | (C) line 12 | | | 7a | | | | |
| ⋖ | 7a | | elated business revenue from | | | | | | | - | | |
| | b | Net unrea | ated business taxable incom | e irom Form 990-1 | , line 36 . | | Prior Y | 7b | Current ` | | | |
| | | 0 | | - 413 | | } | 1110;) | | Content | | | |
| Revenue | 8 | | ions and grants (Part VIII, line | • | | ŀ | | 721,000 | | 2,191,000 | | |
| | 9 | - | service revenue (Part VIII, line | • | | | | 0 | | 0 | | |
| | 10 | | nt income (Part VIII, column (| 2,610 | | 69 5 | | | | | | |
| | 11 | Other rev | | | 0 | | | | | | | |
| | 12 | | nue—add lines 8 through 11 | | 723,610 | | 2,191,695 | | | | | |
| | 13 | | nd similar amounts paid (Part | 716,900 | | 2,187,000 | | | | | | |
| | 14 | - | oald to or for members (Part | 0 | | 0 | | | | | | |
| es | 15 | Salaries, c | other compensation, employee | 0 | | 0 | | | | | | |
| Expenses | 16a | Professio | nal fundraising fees (Part IX, | column (A), line 11 | le) | L | <u></u> | 0 | | 0 | | |
| ă | b | Total fund | draising expenses (Part IX, co | olumn (D), line 25) | - | | | | | | | |
| Ш | 17 | Other exp | enses (Part IX, column (A), II | nes 11a-11d, 114- | 24e) | | | 371 | | 576 | | |
| | 18 | Total expe | enses Add lines 13-17 (mus | t equal Part IX, col | | VFD | | 717,271 | | 2,187,576 | | |
| | _19 | | less expenses Subtract line | 18 from line 12 | | | Re 60 ning of C | 6,339 | | 4,119 | | |
| es or | | | | 8 | AUG 21 | 2019 | Befirning of C | urrent Year | End of Y | ear | | |
| sets | 20 | Total asse | ets (Part X, line 16) | B50 | 1. 7.00 2 1 | 20,5 | Sequenting or C | 13,757 | | 15,592 | | |
| Net Assets or Fund Balances | 21 | Total liabi | lities (Part X, line 26) | | L | |] <u>@</u> | 0 | | 0 | | |
| ᇂ듩 | 22 | Net asset | s or fund balances Subtract | line 21 from line 20 | OGDEN | i. UT | | 13,757 | | 15,592 | | |
| | irt II | Signat | ure Block | | | | | | | | | |
| Un | der pena | alties of perjur | y, I declare that I have examined this | return, including accord | npanying schedules | and state | ments, and to | the best of r | ny knowledge an | d belief, it is | | |
| | | | ete Declaration of preparer (other tha | | | | | | | | | |
| | | 12 | 7 (1) | | | | 7 | 7/12/19 | 3 | | | |
| Sig | n | Signa | ture of officer | | | | D: | ate | <i>f</i> | | | |
| He | | Mar | c B Terril President | • | | | | | | | | |
| | | | or print name and title | | | | | | | | | |
| | - | | e preparer's name | Preparer's signature | | Da | te | | PTIN | | | |
| Pa | | d | • | | | | | Check L self-emp | If | | | |
| | pare | | | 1 | | | 1_ | | | | | |
| Us | e Onl | | | | | | | n's EIN ▶ | | | | |
| Mai | , the F | Firm's ad | | shows shows / | o motruotions' | | <u>J. Ph</u> | one no | | - N- | | |
| | | | this return with the preparer | | e instructions) | | | | ☐ Ye | | | |
| FOR | Panen | Bork Reduc | tion Act Notice see the senar | ate instructions | | | | | Form | 990 (2018) | | |



| Part | Ш | itatement of Program Service Accomplishments Theck if Schedule O contains a response or note to any line in this Part III | | |
|------|--------|---|-----------|------------------|
| 1 | Brief | describe the organization's mission | | |
| | | • | | |
| | | undation was created to carry out the charitable, educational and religious purposes of The Associated Jewish Community | | |
| | | ion of Baltimore, Inc. (The Associated). The Foundation makes grants to public charitable organizations in furtherance o | i the | |
| | missig | of The Associated | | |
| 2 | Did t | e organization undertake any significant program services during the year which were not listed on the | | |
| - | | |] Yes | ⊠ No |
| | • | ," describe these new services on Schedule O | _,,63 | <u> </u> |
| 3 | | e organization cease conducting, or make significant changes in how it conducts, any program | | |
| • | servi | · · · |] Yes | ∇ No |
| | | | _ res | ∆ NO |
| | | ," describe these changes on Schedule O | | |
| 4 | | be the organization's program service accomplishments for each of its three largest program services, as | | |
| | | ses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated | tions to | otners, |
| | the to | al expenses, and revenue, if any, for each program service reported | | |
| 4a | (Cod |) (Expenses \$ 2,187,000 including grants of \$ 2,187,000) (Revenue \$ | | |
| Ta | | | | |
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| | of Ba | nore, Inc | | |
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| 4c | (Code |) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| 4d | | rogram services (Describe in Schedule O) | | |
| | (Expe | | | |
| 4e | Total | rogram service expenses | 2 | 2,187,000 |

| Form 99 | 90 (2018) , , | \sim | | age : |
|---------|---|--------|-----|-------|
| Part | IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | : | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | ! | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | ! | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | х |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Х | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | • | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | Х | |

Form **990** (2018)

| Part | V Checklist of Required Schedules (continued) | | | |
|------|---|----------|----------|----------|
| _ | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | , | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | x |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | x | <u> </u> |
| Part | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u>·</u> | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . | | , | 140 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | 1 . | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | |
|----------|--|------------------|--|--|--|
| | | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | Sec. | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | 4.5 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment to | | 2b | 3/80/6/7/2009 | 3.4460.200 |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst | | ** | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So | | 3b | | - |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or oth a financial account in a foreign country (such as a bank account, securities account, or other financial | er authority ove | r, 4a | | x |
| h | If "Yes," enter the name of the foreign country | ciai account). | - 7 a | 发 .数: | |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial. | Accounts (FBAR | 7 溪 | 7. 0 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte | | 5b | | |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,0 | 00, and did th | е 🗀 | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | <u>.</u> | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such | contributions of | or | | |
| | gifts were not tax deductible? | | 6b | A W .47 | A 10-10-10-11-11-1 |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and | partly for good | | J. A. | 2004 |
| | and services provided to the payor? | - | 7a 7b | <u> </u> | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | H | - | _ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property frequired to file Form 8282? | or which it wa | s 7c | 1 | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 70 | A A | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b | | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | | ? 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file | | ? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m | aintained by th | e 🔼 | TIE. | ************************************** |
| | sponsoring organization have excess business holdings at any time during the year? | • | 8 | lor to oten | LUGA AND A |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers | on' ⁷ | 9b | 200 | U2577314 |
| 10 | Section 501(c)(7) organizations. Enter | 10a | Single of | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| ь 11 | Section 501(c)(12) organizations. Enter | 1001 | | | 200 |
| ''a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | |
| | against amounts due or received from them) | 11b | 表 | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 建 等 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | 7.200 1 |
| | Note. See the instructions for additional information the organization must report on Schedule | e O | | ** | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1 | | | |
| | the organization is licensed to issue qualified health plans | 13b | | | |
| C | Enter the amount of reserves on hand | 13c | (%) (#) (#) (#) (#) (#) (#) (#) (#) (#) (# | S.A. | V |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report those payments? If "No," provide an explanation in Services. | Schedulo O | 14a 14b | | X |
| _ b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S | | <u> </u> | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year? | remuneration (| or 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N | | (E.A. | | 2 3 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net inve | stment income | | <u> </u> | X |
| . • | If "Yes," complete Form 4720, Schedule O | | 200 | 2,359 | |
| | | | | ո 990 | (2018) |

| Part | | | | | |
|-------------|---|---------------------|---|--|--|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | ın Schedule O S | See ins | struct | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | <u>.</u> | X |
| Sect | on A. Governing Body and Management | | | | ٦ |
| 1- | Enter the number of voting members of the governing hady at the and of the tay year | 1a 9 | CONTRACTOR OF THE PARTY OF THE | Yes | No |
| ıa | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or | <u>1a</u> 9 | | 高低值 | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | * 2 |
| | committee, explain in Schedule O | | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 8 | 74.4 | 養養 | (4.9) |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business re | | \$1.50 H | | |
| 3 | any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or use the control over management duties. | inder the direct | 2 | X | |
| 4 | supervision of officers, directors, or trustees, or key employees to a management company or other Did the organization make any significant changes to its governing documents since the prior Form 99 | | 3 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | X | - 23 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to e one or more members of the governing body? | elect or appoint | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval | hv) memhers | <u> </u> | | |
| D | stockholders, or persons other than the governing body? | by) members, | 7b | X | l |
| 8 | Did the organization contemporaneously document the meetings held or written actions und | dertaken during | お養殖 | · 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 邊屬 |
| | the year by the following | _ | | | ***** |
| а | The governing body? . | • | 8a | X | <u> </u> |
| b | Each committee with authority to act on behalf of the governing body? | • | 8b | X | <u> </u> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | t be reached at | 9 | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the | Internal Reven | ue Co | ode) | |
| | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | <u>X</u> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemp | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | e filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | <u> </u> | Pol/FI W |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | <u>X</u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done. | olicy? If "Yes," | 12c | | 1 |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review are independent persons, comparability data, and contemporaneous substantiation of the deliberation | | 1 | | |
| а | The organization's CEO, Executive Director, or top management official | Tana accision, | 15a | | X |
| b | Other officers or key employees of the organization | | 15b | | X |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | 9 45 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year? | ar arrangement | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization | to evaluate its | Toa | | |
| ь | participation in joint venture arrangements under applicable federal tax law, and take steps to | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | * & - |
| Sacti | organization's exempt status with respect to such arrangements? | <u>·</u> | 16b | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► None | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable) | 7 000 has 000 | (Sect | ion 5 | 01/0 |
| 14 | (3)s only) available for public inspection indicate how you made these available. Check all that Own website Another's website Don request Other (explain in School) | apply | OECI | | U 1(U) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing document | • | oreet r | olicy | and |
| 13 | financial statements available to the public during the tax year | to, connict or lift | erest b | Joney | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organization | n's books and rea | cords | > | |
| | Marilyn Loux 101 West Mount Royal Avenue Baltimore, MD 21201 | | | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

 ∇

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons

| ☐ Check this box if neither the organization no | r any relate | d org | anız | atic | n c | ompe | nsa | ated any currer | t officer, directo | r, or trustee. |
|--|---|-------------------------|------|----------------------|------|--|-----|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office or director | unle | Pos neck ss pe | rson | e than of the state of the stat | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | e e | tee | | | sated | | | | |
| (1) Marc B Terrill | 15 | | | | | | | | 455 450 | 100 001 |
| President and Public Director | 40 0 | X | _ | X | | | | 0 | 655,652 | 189,831 |
| (2) Paul S Volosov Vice President and Donor Director | 15 | X | | X | | | ł | 0 | 0 | 0 |
| /2\ \x 1 \ 1 \ \x 1 | 15 | | | A | | | | | | |
| Secretary and Public Director | 13 | Х | | X | | | | 0 | 0 | 0 |
| (4) David Volosov | 15 | 1 | | | | | | <u> </u> | <u> </u> | |
| Treasurer and Donor Director | | Х | l | X | | | | 0 | 0 | 0 |
| (5) Bruce Sholk | 15 | | | | | | | | | |
| Public Director | † | X | | | | | | 0 | 0 | 0 |
| (6) | | | | | | | | | | |
| (7) | | | l | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | - | |
| (14) | | • | | | | | | | | |

| Part | VII- Section A. Officers, Directors, Trust | tees, Key E | mplo | yees | s, aı | nd F | lighes | st C | ompensated E | mployees (co | ntınue | d) | | |
|---------|---|-------------------------------|--|-----------------------|--------------|-----------------|--|---------------|--|---------------------------------|-------------------|--------------------|---------------------|--------|
| | | | | _ | • | C) | | | | | | | | |
| | (A) (B) Position (D) (E) | | | | (E) | | (| (F) | | | | | | |
| | Name and title | Average | 1 ' | | | | is both | | Reportable | Reportable | | | mated | |
| | | hours per week (list any | ,—— | | | _ | or/trust | - | compensation | compensation fr related | om | | ount of ther | |
| | | hours for | 일절 | Inst | 윷 | ξe _g | 를 | <u>F</u> | the | organizations | | compe | | วท |
| | | related | Individual trustee or director | E | Officer | Key employee | ploy | Former | organization | (W-2/1099-MIS | .C) | | m the | |
| | | organizations below dotted | [당표 | lons I | | 형 | 8 2 | . | (W-2/1099-MISC) | | | _ | nizatioi related | |
| | | line) | | 3 | | yee | 를 등 | | . , | |] | | ization | |
| | | ! | e | Institutional trustee | | | Highest compensated employee | | | | | | | |
| | | ! | | 10 | | | <u> </u> | L | | | \bot | | | |
| (15) | | | | | | | | | | | | | | |
| | | <u> </u> | <u> </u> | Ш' | L | | ļ | <u> </u> | | | | | | |
| (16) | | <u> </u> | ' | ' | | | | | | | | | | |
| | | <u> </u> | <u> </u> ' | <u></u> —' | <u> </u> | igspace | ļ | <u> </u> | ļ! | , | | | | _ |
| (17) | | ļ | | ! | | | | | | | | | | |
| | | <u> </u> ' | <u> </u> ' | <u> </u> | <u> </u> | igspace | <u> </u> | ـــ | <u> </u> | | \dashv | | | |
| (18) | | ! | ' | ' | | | | | | | | | | |
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| (19) | | ! | ' | ' | | | | | | | | | | |
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| (20) | | ‡ ! | ∤ ' | | ļ | | | | | | | | | |
| /24\ | | | | - | ├ | \vdash | | \vdash | | | + | | | |
| (21) | | + | ' | | | | | | | | | | | |
| (22) | | + | | \vdash | | \vdash | - | - | | | + | | - | |
| 1241 | | | 1 ' | | | | ļ | } | | | | | | |
| (23) | | + | | \vdash | \vdash | \vdash | | \vdash | | | | | | |
| 120/ | | | ' | | | | | | | | | | | |
| (24) | · · · · · · · · · · · · · · · · · · · | | $\vdash \vdash$ | \vdash | \vdash | | | | | | + | | | |
| \ | | - | ' | | | | | | | | 1 | | | |
| (25) | | 1 | | | \vdash | | | | | | \neg | | | |
| 35.52 | | † | ' | | | | | | | | | | | |
| | Sub-total . | | <u> </u> | | | | | ▶ | 0 | 655,6 | 52 | 189,831 | | 89,831 |
| С | Total from continuation sheets to Part | VII, Sectio | n A | | | | | • | | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 0 | 655,6 | 52 | | 1 | 89,831 |
| 2 | Total number of individuals (including but | t not limited | to th | nose | e list | ted a | above | e) w | ho received mo | | | of | | |
| | reportable compensation from the organi | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | | | | | | | emp | oloyee, or high | est compens | ated | | | |
| | employee on line 1a? If "Yes," complete | | | | | | | | | • | | 3 | | X |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | į | |
| | organization and related organizations | greater that | an \$1 | 150, | ,000 |)? [[| f "Ye | S, " | complete Sch | edule J for | such | | | ļ |
| | ındividual | | • | | | | | | • | | | 4 | X | ļ., |
| 5 | Did any person listed on line 1a receive of | or accrue co | mper | nsat | tion | fror | m any | <u>/</u> un | related organiz | ation or indiv | ıdual | | | |
| - | for services rendered to the organization | ? If "Yes," c | :ompi | ete | Scr | reau | ıle J ī | or s | such person | | | 5 | | X |
| Section | on B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensation from the organization. Rep | compensate port compe | ed inc insatic | depe on fo | end or th | ent ne c | contra alend | acto lar y | ors that receive rear ending wit | ed more than h or within the | \$100,0 e orga | 300 ot Inizatio | on's t | ax |
| | year (A) | | | | | | | Γ | (B) | | | (C) | | |
| | Name and business add | Iress | | _ | | | | | Description of se | ervices | C | ompens | ation | |
| None | None | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | L | | | | | | |
| | | | | | | | | $oxed{oxed}$ | | | | | | |
| | | | | | | | | 上 | | | | | | |
| 2 | Total number of independent contractor | | - | | | | |) th | iose listed abo | ove) who | | | | |

| Form 9 | 90 (2018 | B) | | | | | | | Page 9 |
|--|------------|--|--|-----------------|--------------------|--|--|---|--|
| -Part | -VIII- | Statement of Reve | nue | | | | | | |
| | | Check if Schedule C | | | | | | | |
| | | * & * * * * * * * * * * * * * * * * * * | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Grants | 1a | Federated campaigns | | 1a | | | | | 医温温光素 |
| tributions, Gifts, Grants Other Similar Amounts | b | Membership dues | | 1b | | | | | |
| fts, An | C . | Fundraising events | | 1c | • | | arciji Santarija | | |
| ilar Ilar | d | Related organizations | | 1d | | | | | |
| Sir. | e f | Government grants (con All other contributions, gi | | <u>1e</u> | | | | | |
| utic | ' | and similar amounts not inc | - | 1f | 2,191,000 | | | | |
| ti et E | | Noncash contributions includ | | | 2,191,000 | | | | |
| Contributions, Gifts, and Other Similar Ar | g h | Total. Add lines 1a–1 | | π. Ψ | ····· | 2,191,000 | | | |
| | | | | | Business Code | | | | |
| Program Service Revenue | 2a | | | | | | | | |
| Re | b | | | | | | | | |
| vice | С | | - | | | | | | |
| Ser | d | | | | | | _ | | |
| am | е | | | | | | | | |
| rogi | f | All other program sen | | e | | | 149-5 | Market State Control | |
| | g 3 | Total. Add lines 2a–2 Investment income | | divide | ands interest | . 0 | | (* 18 A C C C C C C C C C C C C C C C C C C | |
| | , | and other similar amo | | aivia | ends, interest, | 404 | | | 404 |
| | 4 | Income from investment | | npt bo | and proceeds ▶ | +04 | | | 101 |
| | 5 | Royalties | | | > | | - | | |
| | | | (i) Real | | (ii) Personal | history (State of | WW. Italian | | 12.22 |
| | 6a | Gross rents | | | | | | | |
| | b | Less rental expenses | | | | | | | |
| | С | Rental income or (loss) | | 0 | 0 | | | | |
| | d | Net rental income or (| | | • | 0 | state unique mana indication of the agriculation | chan i.k., skip , v. Valederstr | 000 0000 20000 0.4664/1 46 4/1724/27300000 |
| | 7a | Gross amount from sales of | (i) Securiti | | (ii) Other | | | | |
| | | assets other than inventory | | 291 | | | | | 4 7 6 |
| | b | Less cost or other basis | | | | | | | |
| | | and sales expenses Gain or (loss) | | 291 | 0 | | | | |
| | c d | Net gain or (loss) | | 291 | <u> </u> | 291 | 7.484 and 2.148 at 1842 at 1854 | 9545-256-7069-925-43845-425- | 291 |
| | • | rici gani or (1000) | | | · | | | in in | - |
| ne | 8a | Gross income from fu | ndraising | | | | | | |
| ven | | events (not including \$ | _ | | | e de la companya de l | | | |
| Re | | of contributions reported | ed on line 1 | (2) | | | | | 医乳毒素 医外部的 |
| Other Revenue | | See Part IV, line 18 | | а | | | and the second | | |
| ott | b | Less direct expenses | | b | | | | | |
| | C | Net income or (loss) for | | | events > | 0 | | \$4.57.00 SEC. (0.00) | |
| | 9a | Gross income from ga See Part IV, line 19 | iming activit | ies a | | | | | |
| | , b | Less direct expenses | | b | | 9 | ne grand de la company | | |
| | С | Net income or (loss) fi | | _ | vities | 0 | Sandar form (827) 2) Marketine | A SOUTH MAN AND AND AND AND AND AND AND AND AND A | 300 774 3 100 H DES-1992 DATES AND V |
| | 10a | Gross sales of in | | ess | | | | | |
| | _ | returns and allowance | | a | | and Captar | | | |
| | b | Less cost of goods s | | b stunye | onton. | | | | |
| | С | Net income or (loss) for Miscellaneous R | | ארוו זכ | Business Code | 0 | | | |
| | 11a | wiscellaneous R | evenue | | Dusilless Code | acción de la companya | | | BED RESERVED AND STREET FROM THE STREET |
| | 11a b | | | | | | | <u> </u> | |
| | C | | | | | | | | |
| | d | All other revenue | •••••••••••••••••••••••••••••••••••••• | | | | | | _ |
| | e | Total. Add lines 11a- | 11d | | > | 0 | | | |

2,191,695

Total revenue. See instructions

| | 04 - 4 | - £ [A | |
|----------|-----------|---------------|----------|
| .Part IX | Statement | of Functional | Expenses |

| Sectio | on 501(c)(3) and 501(c)(4) organizations must cor | | | ns must complete co | olumn (A) | | | | |
|---|--|--|---|-------------------------------------|--------------------------------|--|--|--|--|
| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| | t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | 2.407.000 | | | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 2,187,000 | 2,187,000 | | | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | | | | | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | , | | | | | |
| 9 10 11 a b | Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal | | | | | | | | |
| c d e | Accounting Lobbying Professional fundraising services See Part IV, line 17 | | | | | | | | |
| f g | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . | 576 | , | 576 | | | | | |
| 12 13 14 | Advertising and promotion Office expenses Information technology | | | | | | | | |
| 15 16 | Royalties Occupancy | | | | | | | | |
| 17 18 | Travel . Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | |
| 19 20 21 | Conferences, conventions, and meetings Interest Payments to affiliates | | | | | | | | |
| 22 23 | Depreciation, depletion, and amortization Insurance | ## CONTRACTOR OR SHAPE VIOLENCE AND A CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR | - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | CASSAGE CONTRACTOR OF THE PARTY. | | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | Programmes and the second seco | ** | | | | | | |
| a b | | | - | · · | | | | | |
| C | | | | | | | | | |
| d | | | | | , | | | | |
| е 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 2 107 576 | 2 197 000 | 576 | | | | | |
| 25 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | 2,187,576 | 2,187,000 | 570 | | | | | |

Form **990** (2018)

| | art-A- | Check if Schedule O contains a response or note to any line in this Pa | ort X | | |
|-----------------------------|--------|---|-------------------|-------------------|-------------|
| _ | | Check it Schedule O contains a response of hote to any line in this Pa | (A) | • | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing . | | 1 | |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | · |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees | | | |
| | | Complete Part II of Schedule L | | 5 | , |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | 多种种类型类型 | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| ţ | | organizations (see instructions) Complete Part II of Schedule L | | 6_ | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ÿ | 8 | Inventories for sale or use . | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or | | 0.426 5.426 | |
| | | other basis Complete Part VI of Schedule D 10a | | | |
| | b | Less accumulated depreciation [10b] | | 10c | |
| | 11 | Investments—publicly traded securities . | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | 13,757 | 12 | 15,592 |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | 45.50 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 13,757 | 16 | 15,592 |
| | 17 | Accounts payable and accrued expenses | | 17 18 | |
| | 18 | Grants payable | | 19 | |
| | 19 | Deferred revenue | | 20 | |
| | 20 | Tax-exempt bond liabilities | | 21 | |
| ω. | 21 | Escrow or custodial account liability Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, | | & 19 . | # 1 |
| ţį | 22 | trustees, key employees, highest compensated employees, and | | | |
| βij | | disqualified persons Complete Part II of Schedule L | 1.00 | 22 | |
| Liabilities | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | 23 | parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | ↑Total liabilities. Add lines 17 through 25 | 0 | 26 | |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| Ses | | complete lines 27 through 29, and lines 33 and 34. | | | 100 |
| an | 27 | Unrestricted net assets | 13,757 | 27 | 15,592 |
| Bal | 28 | Temporarily restricted net assets | | 28 | |
| ᅙ | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and | | | |
| 0 | | complete lines 30 through 34. | 100 | | |
| ţ | 30 | Capital stock or trust principal, or current funds . | | 30 | |
| SSE | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | <u> </u> |
| t À | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ne | 33 | Total net assets or fund balances | 13,757 | 33 | 15,592 |
| | 3.4 | Total liabilities and net assets/frind balances | 13.757 | 34 | 15,592 |

| Part | -XI- Reconciliation of Net Assets | | | | |
|------|---|------------------|------|--------------|--------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,19 | 1,695 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 2,18 | 37,576 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 4,119 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 1 | 13,757 |
| 5 | Net unrealized gains (losses) on investments | 5 | | (| (2,284 |
| 6 | Donated services and use of facilities | 6 | | | _ |
| 7 | Investment expenses . , | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 1 | 15,592 |
| Part | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| 1 | Accounting method used to prepare the Form 990 🗵 Cash 🔲 Accrual 🔲 Other | plaiń i | n | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited. | | 2b | | X |
| С | separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, exchedule O | intant? | 2c | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133? | | 3a_ | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | ergo th udits | 3b | | • |
| | | | Forr | m 990 | (2018 |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

47-4050322

Department of the Treasury Internal Revenue Service Name of the organization

Volosov Family Foundation, Inc.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| | rt I Reason for Public Cha | | | | | | ns | | |
|--------|--|-------------------------------------|---|-------------------------|--------------------------------------|---|---|--|--|
| The | organization is not a private founda | | ` - | | • | | \bigcirc | | |
| 1 | A church, convention of church | | | | | | _/ | | |
| 2 | | | | | | | | | |
| 3 | A hospital or a cooperative ho | | | | | | | | |
| 4 | hospital's name, city, and state | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | |
| 6 7 | = | | | | | | | | |
| 8 | A community trust described in | n section 170(b |)(1)(A)(vi). (Complete | Part II) | | | | | |
| 9 | An agricultural research organ or university or a non-land-grauniversity | int college of agi | riculture (see instruction | ons) Ente | er the nan | ne, city, and state of | the college or | | |
| 10 | An organization that normally receipts from activities related support from gross investmen acquired by the organization a | to its exempt fut tincome and un | inctions—subject to c related business taxa | ertain exi ble incom | ceptions, ne (less s | and (2) no more that ection 511 tax) from | n 331/3% of its | | |
| 11 | ☐ An organization organized and | | • | | • | | | | |
| 12 | An organization organized and of one or more publicly support Check the box in lines 12a through | orted organizatio | ns described in sect i | ion 509(a |)(1) or se | ection 509(a)(2). See | e section 509(a)(3). | | |
| а | Type I. A supporting organ the supported organization supporting organization Y | ı(s) the power to | regularly appoint or e | lect a ma | yority of t | • | | | |
| b | control or management of organization(s) You must | the supporting c complete Part I | rganization vested in V, Sections A and C. | the same | persons | that control or mana | age the supported | | |
| С | Type III functionally integ its supported organization | | | | | | ally integrated with, | | |
| d | Type III non-functionally integrated that is not functionally integred requirement (see instruction | grated The orga | nization generally mu | st satisfy | a distribi | ution requirement an | | | |
| е | Check this box if the organ functionally integrated, or | | | | | | e II, Type III | | |
| f | Enter the number of supported of | organizations . | | | | | 1 | | |
| g | Provide the following information | n about the supp | orted organization(s) | | | | | | |
| | (i) Name of supported organization | (II) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | rganization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | Yes | No | 1 | | | |
| (A) T | he Associated Jewish Community Federation of Baltimore | 52-0607957 | 10 | Х | | 760,000 | 0 | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | 1 | | | | | | | | |
| Total | <u> </u> | S-5. 8 12. | | 1" ; ; | 1, 5, 15 m | 760,000 | 0 | | |
| | | | | | | | | | |

| Part | (Complete only if you checked the | | | | | | |
|------------|---|---|--|-----------------------------|------------------|--|--------------------|
| | Part III If the organization fails to | | | | | | ally under |
| Secti | on A. Public Support | <u> </u> | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 . | (d) 2017 | (e) 201/8 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not | | , , | | | | |
| 2 | include any "unusual grants") Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on its behalf | , | | | / | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | A DESCRIPTION AND A STREET AND A STREET | an and the second secon | SERVICE SEC. 150/99, p. 700 | | - 27-2008-000-000-04-0-0-0-0-0-0-0-0-0-0-0-0-0 | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly | | | | | | |
| | supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | 26.28 / 25.26 | | | |
| | on B. Total Support | | | | 1 | | |
| Calen 7 | dar year (or fiscal year beginning in) Amounts from line 4 | (a) 2014 | (b) 2015 | /(c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on . | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop he | | n's first, secon | d, third, fourth | , or fifth tax y | ear as a sectio | n 501(c)(3) ► □ |
| Secti | on C. Computation of Public Suppor | | <u> </u> | | ·• | | |
| 14 | Public support percentage for 2018 (line | | | 1, column (f)) | | 14 | % |
| 15 | Public support percentage from 2017 Scl | | | , | | 15 | % |
| 16a | 331/3% support test—2018: If the organ box and stop here. The organization qua | | | | nd line 14 is 33 | 3 ¹ /3% or more, | check this ► □ |
| b | 33 ¹ / ₃ % support test—2017. If the organi | , | • | _ | a, and line 15 | ıs 331/3% or m | _ |
| _ | this box and stop here. The organization | | | | | | . ▶ 🗆 |
| 17a | 10% -facts-and-circumstances test—2, 10% or more, and if the organization meets the "Part VI how the organization meets the " | eets the "facts | -and-circumst | ances" test, ch | neck this box a | and stop here. | Explain in |
| | organization . | iacis-aliu-cilc | | | zation qualifies | as a publicly | ▶ □ |
| b | 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization | ation meets th | e "facts-and-o | circumstances' | ' test, check | this box and s | stop here. |
| 18 | Private foundation. If the organization di | d not check a | box on line 13 | , 16a, 16b, 17a | a, or 17b, chec | k this box and | see ▶ □ |
| | instructions / | 1 | | +- | Sct | edule A (Form 990 | or 990-EZ) 2018 |

| Part | | | | | | , <u> </u> | |
|---------|--|-----------------------------|------------------------------|--|-------------------------------|--|---------------------------------------|
| | (Complete only if you checked the | | | | | | nder Part II |
| | If the organization fails to qualify | under the te | sts listed bei | ow, please co | omplete Part | <u> </u> | |
| | ion A. Public Support | (-) 2014 | (h) 2015 | (a) 2016 | (4) 2017 | (2) 2019 | (f) Total |
| Caler | ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 20/18 | (f) Total |
| ı | received (Do not include any "unusual grants") | | | , | | / | · |
| 2 | Gross receipts from admissions, merchandise | | | | | / | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | / | |
| | organization's tax-exempt purpose | | , | | | / | • |
| 3 | Gross receipts from activities that are not an | | | | | / | |
| | unrelated trade or business under section 513 | | | | | / | |
| 4 | Tax revenues levied for the | | | | / | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | / | | |
| 5 | The value of services or facilities | | | İ | / | | |
| | furnished by a governmental unit to the organization without charge . | | | | . | | |
| 6 | Total. Add lines 1 through 5. | | | | / | | · |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| - | received from disqualified persons | | | | / | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | / | | |
| | persons that exceed the greater of \$5,000 | | | | / | | |
| | or 1% of the amount on line 13 for the year | | | | / | | |
| C | Add lines 7a and 7b | Biographic Committee Linear | TERRED TRACKING VICE CONTROL | ************************************** | A LANGUAGE AND A COLOR OF THE | | · · · · · · · · · · · · · · · · · · · |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |
| Secti | on B. Total Support | | | Second to Part of the | * | [#1396600 #1709 ¢] | |
| | idar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | (4) 40 11 | \-/ | X-/ | (4) | <u> </u> | |
| 10a | Gross income from interest, dividends, | | | <i></i> | | | |
| | payments received on securities loans, rents, | | | / | | | |
| | royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | / | | | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | | / | | | |
| • | · · | | | | 1 | | |
| С 11 | Add lines 10a and 10b Net income from unrelated business | | | | | | |
| • • • | activities not included in line 10b, whether | | | / | | | |
| | or not the business is regularly carried on | | | / | | | |
| 12 | Other income Do not include gain or | | | j — | | | |
| | loss from the sale of capital assets | | | Y | | | |
| | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | / | | | | |
| | and 12) . | <u> </u> | | 1 11 1 6 16 | 561 | | - 504(-)(0) |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | | r's first, secon | a, tnira, tourtr | i, or iiπn tax ye | ear as a sectio | n 501(c)(3) |
| Sacti | on C. Computation of Public Suppor | | · / | | • | | |
| 15 | Public support percentage for 2018 (line 8 | | | 13 column (f)) | | 15 | % |
| 16 | Public support percentage from 2017 Sch | ** | - 1 | | | 16 | % |
| | on D. Computation of Investment Inc | | | - | | 1 | |
| 17 | Investment income percentage for 2018 (| | | y line 13, colu | ımn (f)) | 17 | % |
| 18 | Investment income percentage from 2017 | | | | | 18 | % |
| 19a | 331/3% support tests—2018. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | =" | - | | | | |
| b | 331/3% support tests—2017. If the organize line 18 is not more than 331/3%, check this to | | | | | | |
| 20 | Private foundation of the organization de | | _ | | | | _ |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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| Part | V Supporting Organizations (continued) | | | |
|----------|---|--------------|-------------------|--------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | * | |
| | below, the governing body of a supported organization? | 11a | | X |
| , p | A family member of a person described in (a) above? | 11b | | X |
| <u>c</u> | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | X |
| Sect | ion B. Type I Supporting Organizations | | | |
| | | 1,2706KN/6 | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | X | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | <u>a</u> Margy | 2.1 |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | X | - 00K-8998 |
| Sect | ion C. Type II Supporting Organizations | <u>.l</u> | | Щ |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | - 2 | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | , j | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | Managanana. | |
| | the supported organization(s) | 1 | | |
| Secti | ion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 100 | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | monitoria | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | 1 4. 1 | |
| _ | | 70% 1/4 | SE 2. 8 | A****94563 |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) | | | 30.00 |
| 2 | | 2 | et. | 0 L (2004) |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's | | ž | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | 6. |
| | supported organizations played in this regard | 3 | Sec. | <u> </u> |
| Secti | ion E. Type III Functionally Integrated Supporting Organizations | 1 3 1 | | L |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | instruc | tions | |
| а | ☐ The organization satisfied the Activities Test. Complete line 2 below | | | -, |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| c | The organization supported a governmental entity Describe in Part VI how you supported a government entity (| (see ins | truct | ions) |
| 2 | Activities Test Answer (a) and (b) below. | ſ | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | THE STATE OF | ASSIN. | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | 텻抵 | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | ระราช | |
| | that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | 112 | ر در: ا | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | 3015 | |
| | activities but for the organization's involvement | 2b | 20.6 | 500 100004 |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | 127). 1276 | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | entry . A | P1 Y pages 4 |
| þ | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 3h | | |
| | - Duris supporting programmes / ii - tes - nescane in Part VI the role hig/en by the himpotation in this renam | : SD ! | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | <u>jan</u> | izations | |
|--|------------|--|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3_ | | |
| 4 Add lines 1 through 3 | 4 | | <u>-</u> |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C—Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | 之。"我们有关的人,不是一个人。" 第15章 "我们是一个人,我们们是一个人,我们们们是一个人,我们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们 | |
| 2 Enter 85% of line 1 (| 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | 建筑 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions) | 6 | 用数据 | |
| 7 Check here if the current year is the organization's first as a non-functional | y in | tegrated Type III supporting | organization (see |
| instructions) | | | |

7

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organ | izations (continued) | |
|------------|--|---|--|--|
| Sect | ion D—Distributions | | · | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | | | |
| | organizations, in excess of income from activity | | • | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | inizations | |
| 4 | Amounts paid to acquire exempt-use assets | · | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | . | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| | Total annual distributions. Add lines 1 through 6 | | , | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | sponsive | , |
| | (provide details in Part VI) See instructions | | | · |
| 9 | Distributable amount for 2018 from Section C, line 6 | 1 | | |
| 10 | Line 8 amount divided by line 9 amount | | | /:::\ |
| Secti | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | |
| | (reasonable cause required—explain in Part VI) See | | | |
| | instructions | | The second secon | 1612 L.71-1 |
| 3 | Excess distributions carryover, if any, to 2018 | | | The second secon |
| а | From 2013 | | | |
| <u>b</u> | From 2014 | | | |
| С | From 2015 | | | |
| <u>d</u> | From 2016 | | | |
| е | From 2017 .) . | | | |
| f | Total of lines 3a through e | LEDONOSAUNTS, AST. 1004 | | En contract and reserve |
| g | Applied to underdistributions of prior years | | A THE SAME AND A SECOND SE | |
| <u>h</u> | Applied to 2018 distributable amount | | | |
| <u>. i</u> | Carryover from 2013 not applied (see instructions) | | | |
| | Remainder Subtract lines 3g, 3h, and 3i from 3f | 19-45/12-15-15-15-15-15-15-15-15-15-15-15-15-15- | | |
| 4 | Distributions for 2018 from Section D, line 7 \$ | | | |
| | Applied to underdistributions of prior years | | Same Superior And Superior | |
| a b | Applied to underdistributions of prior years Applied to 2018 distributable amount | | | 24.5124.28 |
| C | Remainder Subtract lines 4a and 4b from 4 | | | Procession and the second |
| | Remaining underdistributions for years prior to 2018, if | 7.046 P | 2.2.2.0.0.1 \$7.6.14.0348.5703-31000-4-1-1-2-2-4 | Beauty and the second |
| 5 | any Subtract lines 3g and 4a from line 2 For result | | | |
| | greater than zero, explain in Part VI . See instructions | | . 0 | |
| 6 | Remaining underdistributions for 2018 Subtract lines 3h | | | De transmittant de la constitución de la constituci |
| O | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | 0 |
| 7 | Excess distributions carryover to 2019. Add lines 3 | Township or the second cases. A series of 1900 Series | 7.5 | |
| • | and 4c | . 0 | | |
| 8 | Breakdown of line 7 | | 1974 AND | |
| a | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| C | Excess from 2016 | | | 《 图》 《 图》 |
| d | Excess from 2017 | | | |
| e | Excess from 2018 | S. B. Charles | Marin Hajar Marin | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) |
|---------------|--|
| Part IV, Sec | tion A, Line 6 - |
| The Suppor | ted Organization works to preserve and enhance Jewish Life. It addresses charitable, educational, religious, humanitarian, |
| health, cultu | ral and social service needs of the Jewish community locally, nationally, in Israel and throughout the world |
| In furtheran | ce of that mission, the Supported Organization encourages families to establish supporting organizations in |
| partnership | with it, in order to engage interested donors and succeeding generations in philanthropic pursuits and |
| enhance bot | h the Jewish and general communities in keeping with the Jewish tradition of repairing the world |
| | e made to tax-exempt charitable organizations registered with the Internal Revenue Service |
| | tion B, Line 2 - |
| Grants to or | ganizations, other than the Supported Organization, are made at the discretion of the Board of the Supporting |
| Organizatio | n and are made in furtherance of the mission of the Supported Organization to support Jewish, cultural, educational |
| and social ju | istice work |
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SCHEDULE D . (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization Employer identification number 47-4050322 Volosov Family Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?. ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Page | 2 |
|------|---|
| raye | _ |

| Par | III Organizations Maintaining | Collections of | Art, His | torical | Treasures | , or Ot | her Similar | Asse | ts (cont | inue | d) |
|----------|---|---------------------|-------------|----------------------|--------------------------|---------------|------------------------|----------|--------------|--------------|----------|
| 3 | Using the organization's acquisition, collection items (check all that apply) | accession, and ot | her reco | rds, ched | ck any of th | e follov | ving that are | a sign | ificant u | se of | ıts |
| а | ☐ Public exhibition | | d | | or exchang | | | | | | |
| b | Scholarly research | | е | ☐ Othe | r | | | | | | |
| C | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organiza XIII | | | | | | | | purpose | n P | art |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | nılar | ☐ Yes | | 10 |
| Part | | | | | | | | | | | |
| | Complete if the organization 990, Part X, line 21 | | | | | | | | ınt on F | orm —— | |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | , custodian or oth | er intern | nediary fo | or contribut | ions or | other assets | not | ☐ Yes | | 10 |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | ete the fo | llowing t | able | | | | | | |
| | | | | | | ļ | | Amo | unt | | |
| C | Beginning balance | | | | • | 1c | | | | | |
| d | Additions during the year | • | | | ٠ | 1d | | | | | |
| e | Distributions during the year | | | | | 1e | | | | | — |
| f | Ending balance Did the organization include an amoun | at an Earm 200 Pr | ort Y. line | 21 for e | Secrow or ci | | | lity2 | □ Vos | | |
| 2a h | If "Yes," explain the arrangement in Pa | | | | | | | | 1es | Η" | 10 |
| Par | | BIT AIII ONCOR HON | <u> </u> | kpianatio | ii iido beeii | provide | a on ran yan | | | <u></u> | — |
| | Complete if the organization | answered "Yes" | on For | m 990, l | Part IV, line | e 10 | | | | | |
| | | (a) Current year | | or year | (c) Two year | | (d) Three years b | ack (| (e) Four yea | rs bac | .k |
| 1a | Beginning of year balance | | | | | | | | | - | _ |
| b | Contributions . | | | | | | | | | | |
| С | Net investment earnings, gains, and losses . | | | | | | | | | | |
| ď | Grants or scholarships . | | | | | | | | | | |
| е | Other expenditures for facilities and programs | | ` | | | _ | | | | | |
| f | Administrative expenses . | - | | | | | | | | | |
| g | End of year balance | | | | | | | | | | _ |
| 2 | Provide the estimated percentage of t | | | e (line 1g | j, column (a |)) held a | as | | | | |
| a | Board designated or quasi-endowmer | nt 🕨 | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | 000/ | | | | | | | | |
| 3a | The percentages on lines 2a, 2b, and a Are there endowment funds not in the | | | zation th | at are held | and adı | ministered for | the | | | |
| ou | organization by | c possession or th | c organi | Lation tin | at are ricia | ana aai | minotered for | | Ye | s N | _ |
| | (i) unrelated organizations | • | | | | | | 1 | 3a(i) | " | <u> </u> |
| | (ii) related organizations . | | | | | | | Ì | 3a(ii) | | _ |
| b | If "Yes" on line 3a(ii), are the related or | rganizations listed | as requi | red on So | chedule R? | | | | 3b | | _ |
| 4 | Describe in Part XIII the intended uses | | | | | | | | | | _ |
| Part | | | - | | | | | | _ | | |
| | Complete if the organization | answered "Yes' | on For | m 990, I | Part IV, line | <u> 11a S</u> | See Form 99 | 0, Pa | irt X, line | 10 | |
| | Description of property | (a) Cost or oth | | , , | or other basis other) | | Accumulated preciation | (| d) Book va | lue | |
| 1a | Land | | | | | | | | | | _ |
| b | Buildings | | | | | | | | | | |
| C | Leasehold improvements | | | | | | | | | | |
| d | Equipment . | | | | | | | <u> </u> | | | |
| е | Other | <u>l</u> | | | | | | | | | |
| Total. | Add lines 1a through 1e (Column (d) n | าust equal Form 99 | 90, Part) | K, columr | n (B), line 10 | <i>IC</i>) . | • | 1 | | | |

| -Part-VII- | Investments—Other Securities Complete if the organization ans | | orm 990 Part IV line | e 11b. See Form | 990 Part X line 12 |
|------------------|---|---|--|--|--|
| | (a) Description of security or categor | | (b) Book value | (c) Met | hod of valuation -of-year market value |
| | (including name of security) | | | Cost of end | -or-year market value |
| (1) Financial | | | , | | |
| | neld equity interests | • | | | |
| (3) Other | ment - Jewish Community Investment | Eunds | 15 502 | End-of-year mar | zet volue |
| (B) | ment - Jewish Community Investment | runus | | End-or-year man | ket value |
| (C) | | | | | |
| (D) | | | | | |
| (E) | · | | | | |
| (F) | · | | | | |
| (G) | · | | | | |
| (H) | ······ | | | | |
| Total. (Column (| b) must equal Form 990, Part X, col (B) line 12)▶ | *************************************** | 15,592 | | |
| Part VIII | Investments—Program Related | d. | | | |
| | Complete if the organization ans | | orm 990, Part IV, line | e 11c See Form | 990, Part X, line 13 |
| | (a) Description of investment | | (b) Book value | (c) Me | thod of valuation |
| | | | | Cost or end | -of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | • | | | | |
| (5) | | | | | · |
| (6) | | | | | |
| (7) | , | | | | |
| (8) | | | | | |
| (9) | | | | Constitution of the contract o | Pr. TORAN T. (1000) (1.552) . A. (1. 15.Pr. 7. 280 972/5/ |
| | b) must equal Form 990, Part X, col (B) line 13) | | | | |
| Part IX | Other Assets. | | 000 5 1 1 1 1 | 4410 5 | 000 D (V) - 45 |
| | Complete if the organization ans | | orm 990, Part IV, line | e 11a See Form | |
| | | a) Description | | | (b) Book value |
| _(1) | | | | | <u>-</u> |
| (2) | | | . | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | _ | | | |
| Total (Colu | mn (b) must equal Form 990, Part X, c | ol (B) line 15) | | . • | |
| Part X | Other Liabilities. | 0. (2)0 10) | · · | | |
| Turex | Complete if the organization ans | wered "Yes" on Fo | orm 990. Part IV. line | e 11e or 11f Se | e Form 990. Part X. |
| | line 25 | | | | - · · · , |
| 1. | (a) Description of liability | (b) Book value | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| (1) Federal in | come taxes | | | | |
| (2) | | | 96 5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | Contract Con | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | erezaet |
| (7) | | | | | |
| (8) | | | 142034000000024 78 TM-17 | BUILDING CARREST CARREST AND | the contract of the contract o |
| (9) | - | | | | |
| | b) must equal Form 990, Part X, col (B) line 25) | | | | 445 |
| 2. Liability for | uncertain tax positions. In Part XIII, prov | ide the text of the foo | tnote to the organization | i's financial stateme | ents that reports the |
| organization's | s liability for uncertain tax positions unde | r FIN 48 (ASC 740) CI | heck here if the text of the | ne footnote has bee | en provided in Part XIII |

| | Reconciliation of Revenue per Audited Financial State | | | |
|---------------------|---|-----------------------|--|----|
| | Complete if the organization answered "Yes" on Form 99 | | | |
| 1 | Total revenue, gains, and other support per audited financial statement | nts . | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | · 1 1 | | |
| а | Net unrealized gains (losses) on investments . | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | . 2e | |
| 3 | Subtract line 2e from line 1 . | ; | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line.7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | <u> </u> | |
| С | Add lines 4a and 4b | - | . 4c ′ | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I | line 12) | 5 | |
| Part | XII Reconciliation of Expenses per Audited Financial State | tements With Exp | enses per Return. | |
| | Complete if the organization answered "Yes" on Form 99 | 90, Part IV, line 12a | · | |
| 1 | Total expenses and losses per audited financial statements | · | . 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | . Juli | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| C | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d . | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| ~ | Other (bescribe in Fait Air) | 70 | المستبية الأدياب المستبية الأدياب المستبية الأدياب المستبية الأدياب المستبية الأدياب المستبية الأدياب المستبية | |
| c | Add lines 4a and 4h | <u> </u> | 4c | |
| _ | Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I | . line 18) | 4c | |
| 5 Part | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. **Supplemental Information.** | | 5 | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |
| 5 Part Provid | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | and 4, Part IV, lines | 5 1b and 2b, Part V, line 4, Part X, li | ne |

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

| 20 18 | Open to Public |
|--------------|----------------|
| | |

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

| Name of the organization | Employ | loyer identification number | |
|---|--------|-----------------------------|--|
| Volosov Famıly Foundatton, Inc | 47-40 | 050322 | |
| Part I General Information on Grants and Assistance | | | |
| | | | |

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

| the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | award the grants in sation's procedur | or assistance? es for monitoring | the use of grant fur | nds in the United | States | | ĭ Yes □ No |
|--|---------------------------------------|---|-----------------------------|---|--|---|------------------------------------|
| Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received more | ssistance to Do | mestic Organiz received more th | ations and Dom | i estic Governm Il can be duplica | anizations and Domestic Governments. Complete if the organization than \$5,000 Part II can be duplicated if additional space is needed | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | d "Yes" on Form 990, |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Attachment #1 | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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| (10) | | | - | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | n 501(c)(3) and gov | vernment organiza | tions listed in the l | ine 1 table | | | 22 |

Enter total number of other organizations listed in the line 1 table

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Voloso | ov Family Foundation, Inc. 47-4050322 | | | |
|--------|--|-----|--|----------|
| Part | Questions Regarding Compensation | | т | |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel | | Yes | No |
| L | ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef) | | A Company of the Comp | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | 22.3 |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b_ | X | <u> </u> |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III | 4c | | X |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? If "Yes" on line 5a or 5b, describe in Part III | 5b | į. | X |
| | II Tes Offine 3a of 3b, describe in Fart in | | - | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. | | 4.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | 2000-2244 | X |
| | If "Yes" on line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| | The same of the sa | | C (2) (2) (2) | A |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | 363 | | |

Regulations section 53 4958-6(c)?

9

Page 2

Schedule J (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

| Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual | for eac | h listed individual mu | ist equal the total amo | ount of Form 990, Pa | rt VII, Section A, line 1 | a, applicable columi | n (D) and (E) amounts | for that individual |
|--|------------|--------------------------|---|---|---------------------------------------|---|---------------------------------------|---|
| | _ | (B) Breakdown o | f W-2 and/or 1099-MIS | C compensation | (C) Retirement and | oldexeteck (C) | oranijos jo leto I (3) | (F) Compensation |
| (A) Name and Title | | (I) Base compensation | (II) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | (D) Nortaxable benefits | (E) (O)(D) (B)(I)-(D) | in column (B) reported as deferred on prior Form 990 |
| | € | | | | | | | • |
| 1 Marc B Terrill | € | 484,590 | 75,000 | 96,062 | 161,000 | 28,831 | 845,483 | 63,719 |
| | € | | | | | | | |
| 2 | <u> </u> | | 1 | 1 | | | | |
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| က | <u> </u> | | 1 | | * * * * * * * * * * * * * * * * * * * | | | |
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| 4 | (ii) | | | | | | | |
| | (1) | | | | | | | |
| 5 | (ii) | | | | | | | |
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| 9 | € | | | | † † † † † † † † † † † † † † † † † † † | : : : : : : : : : : : : : : : : : : : | | 1 |
| | (j) | | | | | | | |
| 7 | (ii) | | | | | | | 1 |
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| 8 | (ii) | | | | | | | |
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| 16 | Ξ | | | | | | | |
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Schedule J (Form 990) 2018

| Provide the information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. |
|--|
| The Directors of the Volosov Family Foundation, Inc. receive no compensation for their services. However, one of the Directors is employed |
| by the supported entity, The Associated Jewish Community Federation of Baltimore, Inc. (The Associated). All of the compensation and benefits listed are |
| paid by The Associated, none of it is attributable to the service as a Director and/or Officer of the Foundation |
| Partl, Line 4b |
| Marc B Terrill participates in a nonqualified deferred compensation plan. No amounts were paid out during the year (2017). |
| One hundred and tifty thousand dollars was deferred and 1s included on Form 990, Part VIII, Column F and Schedule J. Part II, Column C |
| A new five-year contract was executed for Marc B Terull beginning January 1, 2017 The terms and conditions of the deferred |
| compensation plan are outlined in the contract with The Associated |
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| Schedule J (Form 990) 2018 |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2018 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www irs.gov/Form990 for the latest information.

| Volosov Family Foundation, Inc | 47-4050322 |
|--|-------------------------------------|
| Form 990 Part VI, Section A, | |
| Line 2 - There are family relationships among the Donor Members and Directors Paul S Volosov and David | Volosov have a family relationship |
| Line 6 - The organization has two classes of members, a Public Member - The Associated Jewish Community | y Federation of Baltimore, Inc and |
| Donor Members consisting of Paul S Volosov and David Volosov | |
| Line 7a - The Members appoint the Board of Directors The Public Member appoints the majority and the D | Oonor Members appoint the remainder |
| Line 7b - Amendments to the Bylaws are subject to change or rescission by the Members before they are adop | oted |
| Form 990 Part VI, Section B, | |
| Line 11a - The Form 990 and supporting schedules are distributed to the officers and directors upon complet | on for review and comments |
| prior to filing . | |
| Line 12c - The supported organization monitors and enforces the potential of any conflict of interests by reg | ularly |
| reviewing the Board of Directors, its actions and the investment of assets to ensure that it complies with the cor | nflict |
| of interest policy of The Associated | |
| Line 15 - Marc B Terrill participates in a nonqualified deferred compensation plan. No amounts were paid or | ut during the year (2018) |
| One hundred and fifty thousand dollars was deferred and is included on Form 990, Part VIII, Column F and Sc | hedule J, Part II, Column C |
| A new five-year contract was executed for Marc B Terrill beginning January 1, 2017. The terms and conditions | of the deferred |
| compensation plan are outlined in the contract with The Associated | |
| Form 990 Part VI, Section C, | |
| Line 19 - The organization makes its governing documents and financial statements available to the public up | on request |
| | - |
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| <u>-</u> | |
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SCHEDULE R (Form 990) Départment of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2018

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990.

Open to Public Inspection

(f)
Direct controlling entity (g) Section 512(b)(13) controlled entity? Š Employer identification number × Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Yes (f)
Direct controlling
entity 47-4050322 (e) End-of-year assets N/A(e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 1 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 201(c)(3) (c) Legal domicile (state or foreign country) Maryland (b) Primary activity Exempt organization (b) Primary activity (1) The Associated Jewish Community Federation of Baltimore, Inc (a) Name, address, and EIN (if applicable) of disregarded entity 101 West Mount Royal Avenue Baltmore, MD 21201 (a)Name, address, and EIN of related organization Volosov Family Foundation, Inc Name of the organization (9) Part I Part II Ð (2) 4 (2) 3 4 9 9

Schedule R (Form 990) 2018

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| part III because it had on | because it had one or more related organizations treated as a partnership during the tax year | rganizations t | as a raimers reated as a pa | ithership di | are in the ta | ax year | JII diisweit | 20 1 62 | on roin 990, | רמונוע, יי | IIE 34, | |
|--|--|--------------------------------------|---|---|-------------------------------------|---|--|-----------------------------------|--|---------------------------------|--|----------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512—514) | | (f) Share of total S income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing 11 partner? | | (k) Percentage ownership |
| | | | | | | | | Yes No | | Yes | No | |
| (1) N/A | | | | | | | | | | | | • |
| (2) | | | | | | | | | | | | |
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| (7) | | | | | | _ | | _ | _ | | | |
| Part IV Identification of Ine 34, because if | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year | ions Taxable | as a Corpora zations treated | t ion or Tru as a corpo | st. Comple ration or ti | ete if the crust durin | organizatio g the tax yo | n answer ear | | on Form 990, | , Part IV, | > |
| (a) Name, address, and EIN of related organization | ed organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | nicile Direc | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | ntity Shar | (f) Share of total income | sets | (h) Percentage ownership | (I) Section 512(b)(13) controlled entity? | 12(b)(13) billed ty? |
| | | | | | | | | | | | Yes | 2 |
| (1) N/A | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
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| Schedule R (Form 990) 2018 |)S | | (9) |
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| | | | (1) |
| | | (she (a-s) | |
| (d) Method of determining amount involved | (c) Amount involved Method of d | (b) Transaction | (a) Name of related organization |
| ansaction thresholds | uding covered relationships and tr | omplete this line, inc | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |
| | | | r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) |
| 10 | | | Reimbursement paid by related organization(s) for expenses |
| 1p × | | | p Reimbursement paid to related organization(s) for expenses |
| 10 X | | | Sharing of paid employees with related organization(s) |
| 1n × | | | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) |
| 1m X | | | m Performance of services or membership or fundraising solicitations by related organization(s) |
| 4 X | | | |
| 16 | | | k base of facilities equipment or other assets from related organization(s) |
| 1j | • | | j Lease of facilities, equipment, or other assets to related organization(s) |
| = ;= | · | | i Exchange of assets with related organization(s) |
| | | | g Sale of assets to related organization(s) |
| 1f X | | | f Dividends from related organization(s) |
| . Y | | | Loans or loan guarantees by related organization(s) |
| . 1d × | | | d Loans or loan guarantees to or for related organization(s) |
| 1c X | | | c Gift, grant, or capital contribution from related organization(s) |
| 1b × | | | b Gift, grant, or capital contribution to related organization(s) |
| <u> </u> | | | a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |
| 1.3 | izations listed in Parts II⊣V? | or more related orga | Note: Complete line i if any entity is listed in Parts II, III, or IV or this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II⊣V? |
| Yes No | | | Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule |

Unrelated Organizations Taxable as a Partnership. Complete If the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a) (b) (c) Name, address, and EIN of entity Legal domicile | (b) Primary activity | | (d) Predominant | (e) Are all partners | | _ | (h) Disproportionate | (I) Code V—UBI | (l) General or | (k) Percentage |
|---|-------------------------|----------------------------|--------------------|--|--------------|---|-------------------------|--|----------------------|----------------------------|
| | | (state or foreign country) | 20 _ | sectron 501(c)(3) organizations? | total income | _ | allocations? | amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | ownership |
| | | | sections 512—514) | Yes No | | | Yes No | | Yes No | • |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
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| (16) | | | | | | | | | | |
| | | | | | | | | Sche | dule R (For | Schedule R (Form 990) 2018 |